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The Influence of Minority Stress, Gender, and Legalization of Civil Unions on Parenting Desire and Intention in Lesbian Women and Gay Men: Implications for Social Policy and Clinical Practice

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ABSTRACT

Although the rate of lesbian and gay (LG) parents is increasing, lesbian and gay adults are less likely than heterosexual adults to be parents, as desire and intention to become a parent tend to be lower. This study aims at assessing 290 childless LG individuals (120 lesbian women and 170 gay men) to explore the influence of minority stress, gender differences, and legalization of civil unions in Italy on parenting desire and intention. The results indicated that the minority stressors associated with parenting dimensions included prejudice events, outness, and internalized homophobia for lesbian women, but only felt stigma among gay men. Support from family or significant others buffered the effects of minority stressors on parenting dimensions. Thus, the minority stress processes partly explain the intention and desire to become parents in LG childless individuals. Furthermore, lesbian women showed higher levels of parenting desire and intention than gay men and the levels of these parenting dimensions increased after the law on civil unions was enacted. The findings have important implications for both social policies and clinical practice.

KEYWORDS

Minority stress; lesbian; gay; parenting; social support

Deciding to become parents represents one of the most life-changing decisions one can make (Twenge, Campbell, & Foster, 2003). This process is influenced by different social factors, such as education, labor market, societal values, housing conditions, economic issues, and family policies (Mills, Rindfuss, McDonald, & Velde, 2011). Similarly, a fundamental role in this decision is also played by psychological factors, such as the desire and intention to become a parent, that are "what one

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wants or would like to do" and "what one intends or plans to do", respectively (Riskind & Patterson, 2010, p. 78).

Among lesbian women and gay men (LG), there has been a rapid increase in the rate of committed couples who desire or have the intention to become parents (Green, 2009), and this has challenged the stereotype that being LG is not compatible with family life (Bergman, Rubio, Green, & Padrón, 2010). Although the rate of LG parents is increasing, LG adults are less likely than heterosexual adults to be parents (Gates, Badgett, Macomber, & Chambers, 2007). According to Riskind and Patterson (2010), this may be due to the lack of desire or intention to become parents.

Despite this evidence, it is still not entirely clear which psycho-social processes are associated with parenthood dimensions. Thus, using the minority stress perspective as a theoretical framework (Meyer, 2003, 2007), the principal aim of this study was to investigate whether minority stress experienced by LG childless individuals could negatively affect parenting desire and intention. Some authors (Baiocco, Argalia, & Laghi, 2014; Bos, van Balen, van den Boom, & Sandfort, 2004) have begun to explore this relationship, but no one has thoroughly applied the minority stress perspective to parenting. Second, as gender is a fundamental dimension of parenthood (e.g., Woodward, Fergusson, & Horwood, 2006), we were also interested in assessing gender differences in LG participants both in parenting and minority stress dimensions (MSD). Finally, in light of the recent legalization of civil unions in Italy, we were interested in comparing the levels of these parenting dimensions with a previous Italian study (Baiocco & Laghi, 2013) that assessed them before the law on civil unions was enacted.

The article begins by providing an overview of the link between minority stress and parenthood in LG individuals. It will then highlight the role of gender in parenting desire and intention. Finally, as Italy is the context of our study, it provides an overview of the Italian legal context for the LG population.

Minority stress and parenthood in lesbian women and gay men

Minority stress is a particular form of chronic social stress linked to the stigmatized minority identity that leads to negative mental and physical health outcomes in response to which functional coping and resilience strategies can be adopted to buffer the effects of stigma on health (Meyer, 2003, 2007). According to Meyer (2007), minority stress is unique, chronic, and socially based. Within the context of the individual environmental circumstances, Meyer conceptualizes distal and proximal stress processes. Distal processes are objective stressors independent of the individual because they operate beyond his/her existence. On the other hand, proximal stressors are dependent on the individual because they are linked to his/her feelings, thoughts, and actions, or rather to his/her subjective perceptions and evaluations. Both processes are located on an environmental continuum, in which different stressors act. From distal to proximal processes, the stressors are: (a)

stressful objective and chronic events and conditions (prejudice events), (b) expectations that these events will happen and subsequent surveillance (felt stigma), (c) the rate of outness of one's own sexual orientation (concealment), and (d) internalization of negative societal attitudes (internalized homophobia). In addition to stressors, the minority stress perspective also identifies some protective factors that can buffer the effects of minority stress on health, such as resilience, community connectedness, and social support (Frost, 2011). Thus, stress, resilience, and coping strategies interact and, together, predict the development of negative health outcomes.

Within this perspective, one of the impediments and challenges that LG individuals encounter in their path toward parenthood is heterosexism (Gianino, 2008; Goldberg & Smith, 2011), that is an ideological system that denies and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community (Herek, 1990). It means that, beyond mental and physical health outcomes, also desire and intention to become parents could be associated with stigma processes linked to minority identities, in particular with the internalization of prejudicial attitudes that tend to perceive lesbian women and gay men as inadequate parents (Pacilli, Taurino, Jost, & van der Toorn, 2011). Indeed, LG individuals still face many barriers to parenthood (Gato, Santos, & Fontaine, 2017) due to societal and legal discriminatory attitudes. Considering the societal level, for instance, nonheterosexual individuals may feel strong pressure to marry different-sex partners to conform more to social expectations (Higgins, 2004) or they may feel they are not suitable parents due to the societal stigma that weighs on them (Goldberg, 2010). Moreover, at a legal level, many barriers in some jurisdictions still exist against adoption, foster care, and surrogacy for same-sex couples, and these barriers may inhibit LG individuals from finding strategies to become parents (Joslin & Minter, 2009), if not the desire itself.

There is evidence that both LG childless individuals may experience high rates of minority stress (e.g., Hatzenbuehler & Pachankis, 2016; Institute of Medicine, 2011; Meyer, 2007). With regard to LG parents, to our knowledge, the only study that has explicitly investigated same-sex parenthood through the lens of this model was by Bos et al. (2004). Authors considered only lesbian mothers, and found that those with higher levels of prejudice events experienced more parental stress and felt more pressed to justify the quality of their motherhood to others than those with lower levels of prejudice events. Again, mothers with higher levels of felt stigma and internalized homophobia felt significantly more often that they had to defend their position as mother.

The minority stress perspective was also used in an Italian study by Baiocco et al. (2014) to explore marriage desire and attitudes toward same-sex family legalization in a group of Italian childless LG adults. The authors found that individuals with higher levels of internalized homophobia were less likely to desire to marry and to recognize the positive effects related to the legal recognition of same-sex families. Notwithstanding, the authors considered only the most proximal

stressor—internalized homophobia—but little is known about prejudice events, felt stigma, or concealment.

Gender differences in parenting desire and intention for lesbian women and gay men

Gender is a fundamental dimension of parenthood (e.g., Woodward et al., 2006). For instance, still today, many heterosexual couples divide their household chores and childcare tasks based on gender norms: Women are more dedicated to these tasks and men are employed outside the home (e.g., Lachance-Grzela & Bouchard, 2010), perpetuating an old sexist stereotype. On the other hand, most of the research on same-sex couples report that they tend to divide the labor in a more egalitarian manner (e.g., Farr & Patterson, 2013). It is clear that these are generalizations and it is not possible to attribute the same characteristics to all couples, but the aforementioned studies show the role of the gender within couples, with or without children.

Same-sex couples can become parents in different ways. In the past, many same-sex couples had children from previous heterosexual relationships; today these couples can have children within the same-sex couple itself. Pathways to parenthood are clearly partially different for lesbian women and gay men. Although the adoption and the foster care system apply to both, surrogacy applies to gay men and artificial or donor insemination to lesbian women. Obviously, pathways to parenthood change according to the specific legislation of a country. Independent of gender, before becoming parents, same-sex couples must make decisions and overcome many barriers. For instance, lesbian couples who want to become mothers using donor insemination must decide who will be the biological mother, who will be the sperm donor, and what role he should have in the child's life (Goldberg, 2006).

When an individual decides to become a parent, parenting desire and intention represent two fundamental dimensions (Patterson & Riskind, 2010). Riskind and Patterson (2010) found that childless lesbian women are more likely than childless gay men to express both the desire to become parents and the intention to do that. In Italy, which is the context of this study, Baiocco and Laghi (2013) found the same difference, but Italian lesbian women had a higher percentage in parenting desire than American lesbian women (61% vs. 37%). According to Baiocco and Laghi (2013), this difference is due to the socio-cultural differences between the United States of America and Italy. Indeed, Italian culture still promotes marriage and motherhood as key values for female identity. The promotion of these values could bring women to have a strong desire to become mothers to satisfy social expectations. Again, as argued by Baiocco and Laghi (2013), Italian women experience stronger social pressure than other countries to have children, and this would also apply to lesbian women.

Notwithstanding these results, the studies by Riskind and Patterson (2010) and Baiocco and Laghi (2013) were not aimed at analyzing gender differences within LG individuals, but rather differences between heterosexual and LG individuals. Thus, much remains to be investigated. For example, gender differences within LG individuals in parenting desire and intention may be due not only to structural barriers (e.g., lack of access to reproductive health care or discriminatory policies), but also to psycho-social determinants, such as minority stress processes (e.g., prejudice events, internalized homophobia, or felt stigma).

Italian legal context for lesbian and gay population

The legalization of same-sex marriage or civil unions has undoubtedly legitimized the developmental need of becoming parents. Italy has just recently recognized same-sex civil unions (law n° 76/2016), in June 2016, and thus we cannot know what kind of changes and to what extent this will produce changes for the Italian LG population. Italian LG individuals often become parents mainly in the context of previous heterosexual relationships because in Italy, performing donor insemination and surrogacy or adoption is not yet allowed (Giunti & Fioravanti, 2017).

Nevertheless, the approval of law n° 76/2016 represents only the final result of a very long political debate that began in the late 1980s. In the following years, the number of proposals for laws for civil unions has become more and more consistent, in particular following the many European Parliament calls to equalize same-sex couples with heterosexual couples. This trend continued in the 2000s and after. The actual law on civil unions was registered in June 2014 by Senator Monica Cirinnà, with various subsequent amendments. The original text of the law would have to grant all of the same benefits of marriage to couples in a civil union. After some strong opposition by political parties against the law's approval, it was approved by imposing rights and duties that are identical to those for a heterosexual marriage, but the so-called stepchild adoption, or rather the possibility of adopting the partner's biological child, was removed. Notwithstanding that, in article 3 of the law it is specified that, with regard to the adoption of the partner's biological child, the previous body of laws on adoption for heterosexual partners should still be in force. It means that deciding on adoption for same-sex couples is up to the Italian judiciary case by case. The Supreme Court of Appeals has already given the approval to some same-sex couples.

The cultural, social, and political debate that led to the approval of the law and caused the abolition of stepchild adoption was precisely focused on the parental ability of LG people. Beyond the legal issues related to the removal of the stepchild adoption, for about 3 years the Italian LG community has seen that the possibility of becoming parents through adoption could finally be realized, and it has already been realized in some cases. Thus, from a speculative position, we believe that the cultural change that the Italian LG community experienced in these years could have influenced their parenting desire and intention.

Within this context, and despite these important and positive legal changes, due to the differences in status that have continued, Italian LG individuals may experience high rates of stigma (Lingiardi, Carone, Morelli, & Baiocco, 2016) that, in the case of sexual minorities, can lead to minority stress which, in turn, could be hypothesized to influence the desire and intention to parent.

This study

This study was intended to fill a gap in the literature by mainly investigating if specific parenting dimensions (parenting desire and intention) in LG Italian people are associated with MSD (prejudice events, felt stigma, outness, and internalized homophobia). Informed by the minority stress perspective, we hypothesized that MSD could be negatively associated with parenting dimensions, whereas protective factors (resilience, community connectedness, and social support) could be positively associated with them. We also hypothesized that protective factors could moderate the association between parenting dimensions and MSD. As we are aware that parenting dimensions are strongly influenced by factors such as gender, age, educational level, income, etc. (Gato et al., 2017; Roy, Schumm, & Britt, 2014; Scandurra, Amodeo, Bochicchio, Valerio, & Frost, 2017), we took into account the potential confounding effects of socio-demographic factors. Furthermore, we considered gay men and lesbian women separately in every analysis because parenting dimensions are experienced differently by LG individuals (Baiocco & Laghi, 2013; Riskind & Patterson, 2010).

We also investigated gender differences both in parenting and MSD. On the basis of previous studies (e.g., Baiocco et al., 2014), we expected that gay men would have a lower desire and intention to become parents than lesbian women. Finally, in light of the recent legalization of civil unions in Italy, we expected that the levels of desire and intention to become parents increased, compared to those observed in the previous Italian study by Baiocco and Laghi (2013) who assessed the same parenthood dimensions before the law on civil unions was enacted. Indeed, although after the legalization of civil unions adoption has not formally been allowed, the Italian LG community sees this as a real possibility thanks to the action of the Supreme Court of Appeals and, in turn, this perception could have increased the desire and intention to become a parent.

Method

Participants and procedures

Our study involved a sample of 290 participants (120 lesbian women and 170 gay men). The total sample ranged from 18–50 years of age (lesbian women, $M = 28.25$, $SD = 6.14$; gay men, $M = 33.11$, $SD = 9.64$). Full demographic characteristics for both the total sample and the sample divided by gender are shown in Table 1. The eligibility criteria for participation were: (a) self-identifying as LG

Table 1. Socio-demographic characteristics among "LG parenthood" sample of Italian LG participants (n = 290).

Characteristics	Total (n = 290) No(%) or Mean ±SD	Lesbian women (n = 120) No(%) or Mean ±SD	Gay men (n = 170) No(%) or Mean ±SD	*p*
Age	31.10±8.69	28.25±6.14	33.11±9.64	−4.87***
Education				4.80*
≤ High school	116(40)	57(47.5)	59(34.7)	
≥ College or other	174(60)	63(52.5)	111(65.3)	
Monthly Income €	2,920±1,583	1,399±2,570	1,658±3,170	17.58**
Community				1.36
Urban	222 (76.6)	96(80)	126 (74.1)	
Non-urban	68 (23.4)	24 (20)	44 (25.9)	
Religious Education (yes)	141(48.6)	101 (84.2)	149 (87.6)	.72
Political orientation				3.51
Left-wing	226 (77.9)	87 (72.5)	139 (81.8)	
Centrists	64 (22.1)	33 (27.5)	31 (18.2)	
Stable partner (yes)	172 (59.3)	71 (59.2)	101 (59.4)	.01

*< .05.
**< .01.
***< .001.
Note. Group differences in age were assessed using the Student's *t* test for independent samples. Group differences in all other variables were assessed through the χ^2 test.

people; (b) being at least 18-years-old (the Italian age of consent); (c) living in Italy for at least for 10 years; and (d) not having children.

Data analyzed in this study were collected from November 2016 to December 2016 within a project entitled "LG Parenthood." Participants were recruited via the web through social networks (e.g., Facebook) and thanks to the support from some Italian nongovernmental organizations (NGOs) engaged in the promotion of gay, lesbian, bisexual, transgender, and queer (GLBTQ) rights. NGO representatives invited their contacts to take part in the study, facilitating a snowball sampling recruitment procedure.

According to the Italian law 196/2003, to guarantee the privacy of all participants, collected data were protected by a secure gateway accessible only to the principal investigator (PI). The PI downloaded the data and removed all IP addresses. Only after these procedures, the PI shared the data with other researchers involved.

The study was designed to respect all principles of the Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects. In accordance with Italian law and the ethical principles of the Italian Association of Psychology, informed consent was obtained from participants.

Measures

Socio-demographic characteristics

Socio-demographic variables included gender (male, female, and other with specification required), sexual orientation, age, level of education, monthly income, size

of community (urban or nonurban), religious education (yes/no), LG activism (yes/no), political orientation (left-wing, centrists, and right-wing), and actual stable partner (yes/no).

Parenting dimensions

We asked two questions to assess desire and intention to become a parent. On the basis of previous work by Baiocco and Laghi (2013), both the parenting desire and intention were assessed through two single questions, as follows: "Would you like to have a baby," and "Do you plan to have children in the future?" Response options were binary (*yes* = 1, *no* = 0). This last question was asked only to those who answered *yes* to the first question.

Prejudice events

Experiences with discrimination scale (EDS; Bartos & Baban, 2010; Italian adaptation by Montano & Andriola, 2011) is an 8-item measure that assesses four types of prejudice events: verbal abuse (e.g., "I heard jokes or unpleasant or derogatory comments about my sexual orientation"), avoidance (e.g., "It happened to me that some people have avoided me because of my sexual orientation"), unequal treatment (e.g., "Because of my sexual orientation I have not been able to get something important to me [for example a grant, a job]"), and victimization (e.g., "I was physically assaulted because of my sexual orientation"). Each type of discrimination is measured with two questions. The answers ranged from *never* to *often* on a 5-point Likert scale, from 1 "*Never*" to 5 "*Always*". In our, the internal consistency reliability was .84. A higher score indicates greater prejudice events.

Felt stigma

Perceived stigma scale (PSS) is a 6-item measure that assesses the expectations of rejection and discrimination. This scale was created by Link (1987) and applied to the mental health field. Successively, it has been adapted for assessing perceived stigma in LG people (Martin & Dean, 1987; Meyer, Schwartz, & Frost, 2008). Respondents indicated to what extent they agreed with statements such as "Most employers will not hire a person like you," or "Most people believe that a person like you cannot be trusted." Possible responses ranged from 1 "*agree strongly*" to 4 "*disagree strongly*" on a 4-point Likert scale, with higher scores indicating higher levels of perceived stigma. In the current study, the internal consistency reliability was .89.

Outness

The outness inventory (OI; Mohr & Fassinger, 2000; Italian adaption by Lingiardi, Baiocco, & Nardelli, 2012) is an 11-item scale that assesses the degree to which LG

people are open about their sexual orientation with 11 individuals or groups of people (mother, father, siblings, extended family, new and old straight friends, work peers and supervisors, members and leaders of religious community, and strangers). This measure comprises three scales: family, world, and religion. Overall outness is calculated as an average of the three subscales. Items are scored on a 7-point Likert scale ranging from 1 "*person definitely does not know about your sexual orientation status*" to 7 "*person definitely knows about your sexual orientation status, and it is openly talked about*". In this study, the internal consistency reliability for the whole scale was .80. Higher scores indicate greater outness.

Internalized homophobia

The measure of internalized sexual stigma for lesbian and gay (MISS-LG; Lingiardi et al., 2012) is a 17-item scale assessing negative attitudes that LG people have toward both homosexuality and specific aspects in themselves. This measure assesses three dimensions: (a) identity, that is the enduring propensity to have negative self-attitudes as a LG individual (e.g., "I'd prefer to be heterosexual"); (b) social discomfort, that is the level of fear of public identification as a LG individual, disclosure in personal and work life, and negative beliefs about the religious, moral, and political acceptability of non-heterosexual orientation (e.g., "I'm careful of what I wear and what I say to avoid showing my homosexuality"); and (c) sexuality, that is the negative attitudes toward others as a LG individuals, the pessimistic evaluation of same-sex relationships, and the negative evaluation of sexual behaviours of LG people (e.g., "I don't believe in love between homosexuals"). This scale has 11 identical items for LG individuals, while 6 items are different as they reflect specificities related to gender. The answers ranged from 1 "*I disagree*" to 5 "*I agree*" on a 5-point Likert scale. The internal consistency reliability of each subscale for the lesbian form was $\alpha = .72$, $\alpha = .78$, and $\alpha = .64$, respectively; that for the gay form was $\alpha = .79$, $\alpha = .80$, and $\alpha = .65$, respectively. Instead, the internal consistency reliability of the whole scale was .80 for the lesbian form and .81 for the gay form. Due to the higher internal consistency reliability of the whole scale, we used the total score for all of the analyses. Previous studies also adopted the MISS-LG total score (e.g., Pistella, Tanzilli, Ioverno, Lingiardi, & Baiocco, in press). A higher score indicates greater internalized homophobia.

Resilience

The resilience scale (RS; Wagnild & Young, 1993; Italian adaptation by Peveri, 2009) is a 10-item measure ($\alpha = .90$) evaluating the levels of one's own resilience on a 7 point-Likert scale, from 1 "*strongly agree*" to 7 "*strongly disagree*". Example items are "my life is meaningful," or "I am determined." In our study, the internal consistency reliability was .90. Higher scores indicate greater resilience

Community connectedness

Connectedness to the gay community was assessed through a 5-item scale used in the Urban Men's Health Study by Mills et al. (2001) and adapted in Italy by Baiocco, D'Alessio, and Laghi (2010). Participants were asked how often in the past 3 months they had engaged in gay community activities, read gay newspapers, sought information from gay web sites, attended GLBTQ meetings, frequented gay pubs or discos. The answers ranged from 1 "*never*" to 5 "*several times a week or every day*" on a 5-point Likert scale. In this study, the internal consistency reliability was .79. A higher score indicates greater connectedness to the LG community.

Social support

The multidimensional scale of perceived social support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1998; Italian adaption by Prezza & Principato, 2002) is a 12-item scale assessing the level of perceived support on a 7-point Likert scale, from 1 "*very strongly disagree*" to 7 "*very strongly agree*." This measure includes three scales: (a) family (e.g. "My family really tries to help me"), (b) friends (e.g. "I can count on my friends when things go wrong"), and (c) significant others (e.g. "There is a special person who is around when I am in need"). In this study, the internal consistency reliability for the subscales was $\alpha = .94$, $\alpha = .95$, and $\alpha = .94$, respectively. Higher scores on all subscales indicate greater perceived social support.

Analytic strategies

Before proceeding with the analyses, missing values and outliers were handled. Specifically, missing data were handled through a multiple imputation procedure (Graham, 2009), using Honaker, King, and Blackwell's (2011) package, Amelia II for R. Moreover, 14 participants were removed from the sample because they were considered univariate outliers. As suggested by Tabachnick and Fidell (2001), indeed, outliers were searched through a standardized score greater than 3.29 or smaller than −3.29. Also multivariate outliers were searched through the Mahalanobis distance, but no participants satisfied criteria to be removed.

We first calculated the correlations between parenting dimensions and MSD, separately for men and women. After this, we performed hierarchical binary logistic regression analyses with parenting desire and intention as they were dependent dichotomous variables. We performed these analyses separately for men and women. In all these models, we entered demographics in step 1 as covariates (all dichotomous variables, i.e., education, community size, religious education, political orientation for which no participants declared to be right-wing, and stable partner were coded as 0 and 1, where 0 represented $\leq$ high school, nonurban community, no religious education received, left-wing political orientation, and no actual stable partner, respectively), MSD (prejudice events, felt stigma, outness, and internalized homophobia) in step 2, protective factors

(resilience, community connectedness, and perceived social support) in step 3, and interaction terms between MSD and protective factors in step 4. Each interaction term was tested by adding to the model the multiplication of one minority stress measure and one protective factor as a hypothesized moderator. To avoid problems of multicollinearity, each of them was included separately in each regression model and scores of independent variables were centered (Aiken & West, 1991). Only significant interaction terms were reported in the regression models.

Finally, chi-square (χ^2) tests were performed to assess differences in lesbian women and gay men both in parenting dimensions and MSD.

Results

Parenting dimensions and minority stress correlations

To verify the type and strength of associations between parenting dimensions and MSD, correlations between these variables were calculated. The correlation matrix is presented in Table 2, separately for women and men.

With regard to lesbian women, parenting desire was positively correlated with resilience and perceived support from significant others, and it was negatively correlated with internalized homophobia. Parenting intention was positively correlated with resilience and perceived support from significant others.

With regard to gay men, parenting desire was positively correlated only with outness and parenting intention was positively correlated only with perceived support from significant others.

Parenting dimensions and MSD in lesbian women

In Table 3, regression models with associations between parenting dimensions and MSD in lesbian women are reported.

Parenting desire in lesbian women

A hierarchical logistic regression was performed to ascertain the effects of minority stressors and protective factors on the likelihood that participants expressed parenting desire. Demographics in step 1 did not contribute significantly to the regression model. Introducing minority stressor variables in step 2 explained 31.7% (Nagelkerke R^2) of variation in parenting desire, correctly classifying 86.4% of cases. Specifically, prejudice events and internalized homophobia were associated with a reduction in the likelihood of desiring to become a parent by 0.20 and 8.18 times, respectively. On the contrary, outness was associated with an increase in the likelihood of desiring to become a parent by 3.30 times. Adding protective factors in step 3 also contributed significantly to the regression model, explaining 41.2% (Nagelkerke R^2) of variation in parenting desire and correctly classifying 83.1% of cases. Specifically, increasing resilience and perceived support from

Table 2. Correlations between minority stress and parenting dimensions among "LG parenthood" sample of Italian LG participants (n = 290).

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Prejudice events	–	.33***	−.12	.04	−.15	−.03	−.20**	−.24**	−.24**	−.05	−.09
2. Felt stigma	.33***	–	−.10	.19*	−.18*	−.08	−.12	−.25**	−.17*	−.04	−.02
3. Outness	−.12	−.10	–	−.39***	.16*	.17*	.29***	.25**	.15	.07*	.09
4. Internalized homophobia	.04	−.19*	−.39***	–	−.23**	−.41***	−.31***	−.33***	−.23**	−.04	−.01
5. Resilience	−.15***	−.18*	−.16*	−.23**	–	.07	.37***	.31***	.38***	.01	.10
6. Community connectedness	−.03*	−.08	−.17*	−.41***	.07	–	.04	.03	.03	.07	.03
7. MSPSS family	−.20**	−.12	−.29***	−.31***	.37***	.04	–	.50***	.51***	.03	.12
8. MSPSS friends	−.24**	−.25**	−.25**	−.33***	.31***	.03	.50***	–	.67***	.11	.11
9. MSPSS others	−.24**	−.17*	−.15	−.23**	.38***	.03	.51***	.67***	–	.03	.22**
10. Parenting desire	−.05	−.04	−.07	−.04*	.11*	.07	.03	.11	.03*	–	.52***
11. Parenting intention	−.09	−.02	− .09	−.01	.10**	.03	.12	.11	.22**	.52***	–

*<.05.
**< .01.
***< .001.
Note. Lesbian women scores are below diagonal and gay men scores are above diagonal.
MSPSS = Multidimensional Scale of Perceived Social Support.

Table 3. Regressions of parenting dimensions on minority stress dimensions among lesbian women (n = 120).

	Parenting desire			Parenting intention		
	B	*OR*	*95%CI*	*B*	*OR*	*95%CI*
Step 1: Control variables						
Age	−0.03	0.97	0.86,1.10	−0.06	0.94	0.85,1.05
Education (≤ high school)	0.41	1.51	0.41,5.56	−0.11	0.89	0.30,2.63
Monthly income	−0.37	0.69	0.39,1.21	−0.31	0.73	0.45,1.18
Community (non-urban)	−0.04	0.96	0.19,4.83	−0.61	1.85	0.46,7.42
Religious education (no)	0.95	2.58	0.58,11.45	0.03	0.97	0.27,3.43
Political orientation (left-wing)	−0.29	0.75	0.18,3.14	−0.47	0.62	0.19,2.02
Stable partner (no)	0.39	1.47	0.34,6.32	0.81	2.24	0.65,7.78
	$R^2 = .098$; $\chi^2 = 7.64$			$R^2 = .162$; $\chi^2 = 14.44$		
Step 2: Minority stressors						
Prejudice events	−1.62	0.20*	0.06,0.68	−0.36	0.70*	0.23,2.12
Felt stigma	−0.85	2.33	0.88,6.21	−0.18	1.20	0.59,2.43
Outness	1.19	3.30**	1.45,7.52	0.26	1.29	0.72,2.32
Internalized homophobia	−2.10	8.18**	1.34,49.95	−1.42	4.16*	1.06,16.31
	$R^2 = .317$; $\chi^2 = 19.27$**			$R^2 = .193$; $\chi^2 = 2.95$*		
Step 3: Protective factors						
Resilience	1.12	3.06*	1.26,7.40	1.15	3.15**	1.51,6.58
Community connectedness	0.21	0.81	0.38,1.72	0.02	0.98	0.52,1.84
MSPSS family	0.28	0.76*	0.47,1.22	0.14	0.87	0.61,1.23
MSPSS friends	0.55	0.58	0.32,1.05	0.30	0.74	0.45,1.22
MSPSS significant others	0.41	1.50	0.85,2.65	0.22	1.25*	0.75,2.08
	$R^2 = .412$; $\chi^2 = 9.48$**			$R^2 = .329$; $\chi^2 = 14.01$*		
Step 4: Interaction terms						
Int. homophobia X MSPSS family	−1.22	0.29*	0.09,0.89	—	—	—
Prejudice events X MSPSS others	—	—	—	−0.70	0.49*	0.24,0.99
	$R^2 = .467$; $\chi^2 = 5.77$**			$R^2 = .367$; $\chi^2 = 4.23$**		

***$p < .001$.
**$p < .01$.
*$p < .05$.
B = Coefficient; *OR* = Odds Ratio; *CI* = Confidence Interval; R^2 = R-Square; χ^2 = Chi-Square of each block; MSPSS = Multidimensional Scale of Perceived Social Support

family increased the odds of desiring to become a parent by little more than 3 and almost 1 times, respectively. Finally, the addition of the interaction term between internalized homophobia and perceived support from family contributed significantly to the regression model. This result indicates that perceived support from family significantly moderated the association between internalized homophobia and parenting desire. Specifically, the interaction between internalized homophobia and parenting desire was significant for low (b = 4.51; $p < 0.01$) and moderate (b = 2.43; $p < 0.01$) but not for high (b = –0.02; $p = 0.95$) family support (Figure 1). Thus, when internalized homophobia is high, family support does not function as a protective factor and the parenting desire remains constant. The final model explains 46.7% (Nagelkerke R^2) of variation in parenting desire, correctly classifying 83.9% of cases.

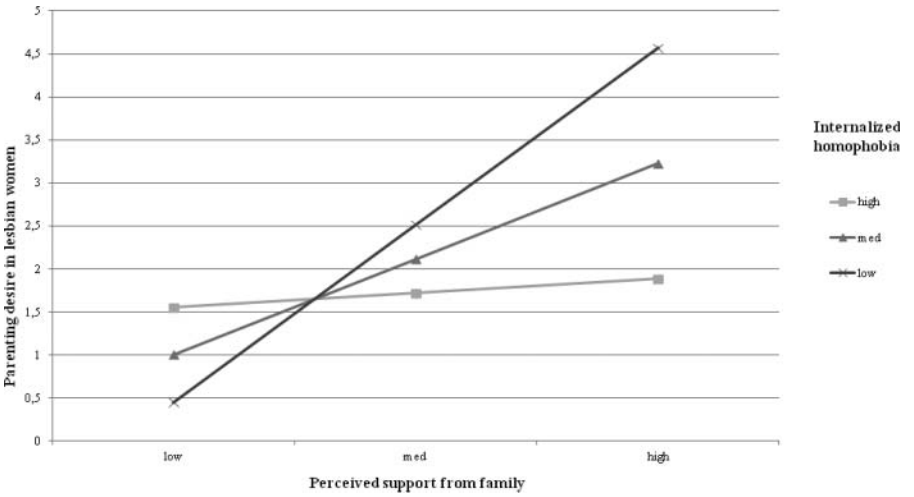

Figure 1. Interaction Effect of Internalized Homophobia by Perceived Support From Family on Parenting Desire in Lesbian Women.

Parenting intention in lesbian women

Finally, with regard to parenting intention in lesbian participants, another hierarchical logistic regression was performed to investigate the effects of minority stressors and protective factors on it. Also in this case, demographics did not contribute to the significance of the regression model. Introducing minority stressor variables in step 2 explained 19.3% (Nagelkerke R^2) of variation in parenting intention, correctly classifying 73.7% of cases. Specifically, prejudice events and internalized homophobia were associated with a reduction in the likelihood of parenting intention, by 0.70 and 4.16 times, respectively. Adding protective factors in step 3 also contributed significantly to the regression model, explaining 32.9% (Nagelkerke R^2) of variation in parenting intention and correctly classifying 74.6% of cases. Increasing resilience and perceived support from significant others increased the odds of parenting intention by little more than 3 and 1 times, respectively. Finally, the addition of the interaction term between prejudice events and perceived support from significant others contributed significantly to the model. This result indicates that support from significant others significantly moderated the association between prejudice events and parenting intention. Specifically, the interaction between prejudice events and parenting intention was significant only for low ($b = 0.68$; $p < 0.05$), but not for moderate ($b = 0.33$; $p < 0.19$) or high ($b = -0.02$; $p = 0.95$) support from significant others (Figure 2). Thus, when prejudice events are moderate or high, support from significant others cannot increase parenting intention. The final model explains 36.7% (Nagelkerke R^2) of variation in parenting intention, correctly classifying 77.1% of cases.

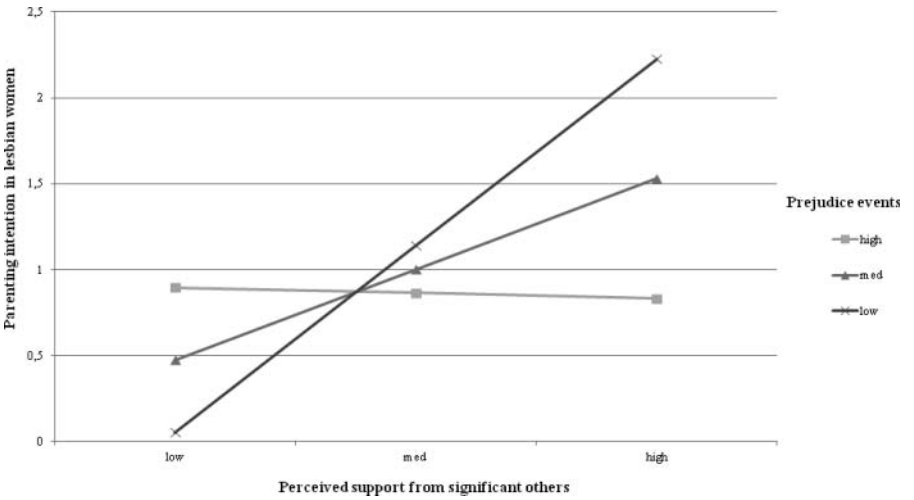

Figure 2. Interaction Effect of Prejudice Events by Perceived Support From Significant Others on Parenting Intention in Lesbian Women.

Parenting dimensions and MSD in gay men

In Table 4, regression models with associations between parenting dimensions and MSD in gay men are reported.

Parenting desire in gay men

A hierarchical logistic regression was performed to assess the effects of minority stressors and protective factors on the likelihood that gay participants expressed a parenting desire. This analysis revealed that at step 1, among demographic variables, only age contributed significantly to the regression model, indicating that younger age increased the odds of desiring to become a parent by almost 1 time. This variable explained 7.9% (Nagelkerke R^2) of variation in parenting desire in gay men, correctly classifying 74.6% of cases. Introducing minority stressor variables in step 2 explained 8.7% (Nagelkerke R^2) of variation in parenting desire in gay men and correctly classified 74% of cases. Only felt stigma was associated with a reduction in the likelihood of desiring to become a parent by almost 1 time. Adding protective factors in step 3 also contributed significantly to the regression model, explaining 14.9% (Nagelkerke R^2) of variation in parenting desire and correctly classifying 72.8% of cases. Specifically, increasing perceived support from family and significant others increased the odds of desiring to become a parent by 0.57 and 1.68 times, respectively. Finally, the addition of the interaction term between felt stigma and perceived support from family contributed significantly to the regression model, indicating that perceived support from family significantly moderated the association between felt stigma and parenting desire. Specifically, the interaction between felt stigma and parenting

Table 4. Regressions of parenting dimensions on minority stress dimensions among gay men (n = 170)

	Parenting desire			Parenting intention		
	B	*OR*	*95%CI*	*B*	*OR*	*95%CI*
Step 1: Control variables						
Age	−0.60	0.94*	0.89,0.99	−0.11	0.90***	0.85,0.95
Education (≤ high school)	0.22	1.25	0.54,2.88	−0.13	0.87	0.39,1.95
Monthly income	0.14	1.14	0.81,1.62	0.06	1.06	0.77,1.46
Community (non-urban)	0.81	2.26	0.85,6.00	−0.25	0.78	0.33,1.85
Religious education (no)	0.34	1.41	0.43,4.64	0.33	1.40	0.46,4.25
Political orientation (left-wing)	0.65	1.92	0.72,5.14	−0.03	0.97	0.38,2.47
Stable partner (no)	0.41	1.50	0.62,3.63	0.01	1.01	0.44,2.30
	$R^2 = .079$; $\chi^2 = 9.49$			$R^2 = .193$; $\chi^2 = 26.44^{***}$		
Step 2: Minority stressors						
Prejudice events	−0.07	0.93	0.46,1.89	−0.26	1.30	0.68,2.50
Felt stigma	−0.13	0.88*	0.49,1.89	−0.10	1.11*	0.64,1.92
Outness	0.18	1.20	0.89,1.64	0.24	1.28	0.95,1.72
Internalized homophobia	−0.19	1.22	0.46,3.20	−0.26	1.29	0.50,3.31
	$R^2 = .087$; $\chi^2 = 1.05^{*}$			$R^2 = .212$; $\chi^2 = 2.78^{**}$		
Step 3: Protective factors						
Resilience	0.02	0.98	0.62,1.59	0.20	1.23	0.79,1.90
Community connectedness	0.31	1.37	0.87,2.16	0.13	1.14	0.75,1.74
MSPSS family	0.09	0.91	0.68,1.22	0.01	0.99	0.77,1.27
MSPSS friends	0.56	0.57*	0.36,0.92	0.13	0.87	0.59,1.28
MSPSS significant others	0.52	1.68*	1.07,2.65	0.52	1.68*	1.09,2.58
	$R^2 = .149$; $\chi^2 = 7.93^{*}$			$R^2 = .277$; $\chi^2 = 10.12^{**}$		
Step 4: Interaction terms						
Felt stigma X MSPSS family	−0.34	0.71*	0.51,0.99	—	—	—
	$R^2 = .183$; $\chi^2 = 4.46^{*}$			—	—	—

***$p < .001$.
**$p < .01$.
*$p < .05$.
B = Coefficient; *OR* = Odds Ratio; *CI* = Confidence Interval; R^2 = R-Square; χ^2 = Chi-Square of each block; MSPSS = Multidimensional Scale of Perceived Social Support

desire was significant only for high (b = –0.79; $p < 0.05$), but not for low (b = 0.38; $p < 0.36$) or moderate (b = –0.20; $p < 0.47$) family support (Figure 3). This result indicates that when perceived stigma increases, family support represents a protective factor and, as it increases also the parenting desire increases. The final model explains 18.3% (Nagelkerke R^2) of variation in parenting desire, correctly classifying 74.6% of cases.

Parenting intention in gay men

Finally, another hierarchical logistic regression was run to investigate the effects of minority stressors and protective factors on parenting intention of gay participants. In this case, age was the only variable significantly associated with it, explaining 19.3% of the variation in the dependent variable and correctly classifying 65.7% of cases. Introducing minority stressor variables in step 2 explained

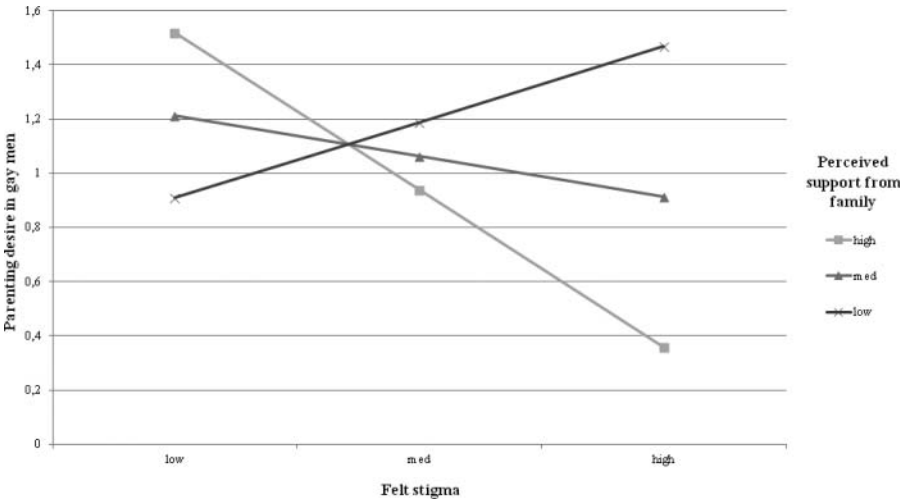

Figure 3. Interaction Effect of Felt Stigma by Perceived Support From Family on Parenting Desire in Gay Men.

21.2% (Nagelkerke R^2) of variation in parenting intention, correctly classifying 68.6% of cases. Only felt stigma was associated with a reduction in the likelihood of desiring to become a parent by little more than 1 time. Adding protective factors in step 3 also contributed significantly to the regression model, explaining 27.7% (Nagelkerke R^2) of variation in parenting intention, correctly classifying 71% of cases. Only increasing perceived support from significant others increased the odds of parenting intention by little more than 1.5 times. No moderators were significant in step 4.

Differences in parenting dimensions and MSD on the basis of gender identity

As shown in Table 5, 75.2% of the total sample expressed the desire to have a child. Percentages of positive answers were higher than those of negative answers both in lesbian women and gay men, although the difference between them was not statistically significant. Among those who expressed parenting desire, 71.6% of the total sample also expressed intention to become parents. The difference between groups was statistically significant. Indeed, lesbian women were higher than gay men.

In the same table, differences in MSD are reported. Gay men were higher than lesbian women in prejudice events, outness, community connectedness, and perceived support from family. On the contrary, felt stigma, internalized homophobia, resilience, and perceived support from friends and significant others, did not show statistically significant differences among LG subsamples.

Discussion

This study aimed at mainly investigating the influence of minority stress on the desire and intention to become a parent in LG childless individuals. Furthermore,

Table 5. Differences in parenting dimensions and minority stress dimensions (MSD) Among "LG parenthood" sample of Italian LG participants (n = 290).

	Total ($n = 290$) *No*(%) or *Mean* ± *SD*	Lesbian women ($n = 120$) *No*(%) or *Mean* ± *SD*	Gay men ($n = 170$) *No*(%) or *Mean*± *SD*	*p*
Parenting dimensions				
Parenting desire				1.75
Yes	218(75.2)	95(79.2)	123(72.4)	
No	72(24.8)	25(20.8)	47(27.6)	
Parenting intention[a]				7.46***
Yes	156(71.6)	77(81.1)	82(64.2)	
No	62(28.4)	18(18.9)	88(35.8)	
MSD				
Prejudice events	1.76±0.59	1.61±0.51	1.86±0.63	−3.48***
Felt stigma	2.02±0.73	2.11±0.71	1.96±0.73	1.66
Outness	3.32±1.32	3.09±1.06	3.48±1.45	−2.52**
Internalized homophobia	1.54±0.48	1.51±0.46	1.56±0.49	−1.02
Protective factors				
Resilience	5.47±0.96	5.34±0.97	5.56±0.93	−1.93
Community connectedness	2.67±0.88	2.53±0.79	2.77±0.94	2.22*
MSPSS family	4.44±1.70	4.17±1.68	4.64±1.70	−2.36*
MSPSS friends	5.41±1.39	5.35±1.42	5.44±1.38	−0.54
MSPSS significant others	5.72±1.49	5.59±1.58	5.80±1.43	−1.19

*<.05.
***< .001.
MSPSS = Multidimensional Scale of Perceived Social Support.
Note. Group differences in parenting desire and intention were assessed through the χ^2 test. Group differences in MSD were assessed through Student's *t* test for independent samples.
[a]Only participants who expressed parenting desire were asked about the intention to become parent.

it was also aimed at exploring the role of gender differences in the levels of parenting desire and intention and the levels of parenting dimensions after the legalization of civil unions in Italy. We are not aware of other studies that thoroughly applied the minority stress perspective to these parenting dimensions. Thus, this study sheds light on those processes that might represent both obstacles and resources in parenthood.

With regard to the main objective of this study, from our results it is possible to assume that minority stress processes partly explain the intention and desire to become parent in LG individuals. Generally speaking, the minority stressors associated with parenting desire and intention were prejudice events, outness, and internalized homophobia for lesbian women, but only felt stigma for gay men. It seems that minority stress affects parenting dimensions differently according to gender identity. Indeed, a greater influence of minority stress on lesbian women emerged and it may be explained through the excessive social stigma that they experience due to their stigmatized condition (Connolly, 2006). It means that, although desire and intention to become mothers are very high in lesbian women, minority stressors might function as obstacles. Furthermore, the fact that felt stigma did not predict parenting dimensions in lesbian women may be explained through the heteronormative stereotype that tends to perceive every mother as fecundated by a man and, thus, not recognizable as lesbian. For instance, one may

imagine that, in a heteronormative society such as the Italian one (Amodeo, Picariello, Valerio, & Scandurra, in press; Lingiardi et al., 2012; Pacilli et al., 2011; Scandurra, Braucci, Bochicchio, Valerio, & Amodeo, in press; Vitelli et al., 2017) and due to the invisibility problems that affect lesbian women (Swenson, 2013), meeting two women with a child may hardly lead to thinking that they are a same-sex couple, in contrast to two men with a child who are immediately visible and recognizable. Consequently, this could also explain the reasons why in gay men felt stigma—that is the need of maintaining high vigilance with respect to the expectations that a negative and stigmatizing event could happen—is the only significant predictor.

Considering the protective factors as moderators, only support from family or significant others were moderators between minority stressors and parenting dimensions. Interestingly, among protective factors, only for lesbian women resilience also emerged as a significant predictor, but it did not moderate the effect of minority stress on parenting dimensions. The results from the interactions between minority stressors and protective factors, indicated that only participants with high levels of support from family or significant others seemed to be able to resist the negative effects of minority stress on parenting desire and intention. This indicates that the negative impact of stigma on parenting dimensions is very strong and that family and significant others might ameliorate it.

With regard the role of resilience in lesbian women, instead, previous research has highlighted the large amount of social stressors that lesbian women and lesbian couples experience, against which great resilience is used to rebound from adversity (Connolly, 2006). For instance, in a study aimed at qualitatively exploring resilience in long-term lesbian couples, Connolly (2005) found that mutuality, relational balance, and interdependence protected same-sex couples against social stressors, helping to secure their connection and longevity. Thus, although in our sample resilience did not buffer the effect of stigma on parenting dimensions, it was a protective factor for lesbian women, helping to increase the desire and intention to become mothers.

With regard to the second objective, we found that lesbian women have more desire and intention than gay men to become a parent. This can be explained through the socio-cultural differences that still strongly persist in Italy in relation to the difference between men and women. As stated by Baiocco and Laghi (2013), indeed, for Italian women the social pressure to become a mother is very strong, due to the fact that it still represents a central value in the construction of female identity. It is plausible that this pressure is independent of sexual orientation and, thus, lesbian women may also feel the urgency to conform to social expectations.

Furthermore, gender differences between LG individuals in parenting desire and intention might also be partly explained through the lens of the minority stress perspective. We believe that one of the psycho-social factors that can explain these differences can be found within previously described results on felt stigma. Indeed, felt stigma leads sexual minority people to adopt various stigma management

strategies, among which is that of passing as a heterosexual person to avoid suffering from discrimination (Herek, 2007). It is plausible to think that those with high levels of felt stigma do not desire or intend to become parents because, usually, becoming a parent implies a great social visibility. Among lesbian women in our sample, this minority stressor was not a significant factor related to parenting desire and intention, differently from gay men for whom felt stigma was the only significant minority stressor. This difference, beyond others previously reported, might explain why lesbian women have higher levels of parenting desire and intention compared to gay men.

With regard to the third objective, we found that our sample showed higher levels of desire (79.2% for lesbian women and 72.4% for gay men) than those expressed by the samples recruited by both Riskind and Patterson (2010; 37% for lesbian women and 54% for gay men) and Baiocco and Laghi (2013; 61% for lesbian women and 51.8% for gay men). Furthermore, among those who expressed a parenting desire, we found that they showed higher levels of intention to become a parent (81.1% for lesbian women and 64.2% for gay men) than those found by Baiocco and Laghi (2013; 44.8% for lesbian women and 29.6% for gay men), but not those found by Riskind and Patterson (2010; 83% for lesbian women and 67% for gay men), whose percentages are very similar to ours.

These data may potentially be explained through the effect that the long process of legalization of civil unions might have had on LG Italian individuals. Indeed, it has long been demonstrated that the lack of state-level policies has a detrimental effect on specific psychological dimensions of a stigmatized population. For instance, Riggle, Wickham, Rostosky, Rothblum, and Balsam (2017) found that civil married individuals have higher levels of identity centrality and support from their partner than those who are not married. In addition, these authors reported that living in states that recognize civil marriage is positively associated with lower levels of concealment, higher self-acceptance, and less vigilance and isolation. Similarly, Wight, LeBlanc, and Badgett (2013) found that same-sex married lesbian, gay, and bisexual individuals are significantly less distressed than those who are not in a legally recognized relationship. These data suggest that equal and nondiscriminatory policies increase the well-being of stigmatized populations. Thus, it is reasonable for us to hypothesize that a policy such as the legalization of civil unions for same-sex couples—although in its current form it does not formally allow same-sex couples to adopt a child—has had a positive effect on the desire and intention to become parents within a couple. It is plausible, indeed, that the desire and intention to become a parent has increased as a result of the belief that the stepchild adoption would have been approved and, moreover, as a result of the decision of the Supreme Court of Appeals. Both before and after the passing of law n° 76/2016, same-sex couples could become parents only by traveling to foreign countries that give legally access to donor insemination or surrogacy. If the stepchild had been approved, however, the partner could have adopted the partner's biological child, thus becoming a family according to Italian law. Unfortunately,

this possibility has been formally abolished by the government, but after the law was enforced, the Supreme Court of Appeals started to give approval for the adoption procedures. We believe that these legal achievements changed the perceptions related to the possibility of becoming a parent.

Limitations

This study has important limitations that might affect the generalizability to the entire Italian LG population. First, this is a cross-sectional study using an online convenience sample. Prospective designs are recommended to investigate how and if parenting desire becomes intention and how stigma processes influence this change. Second, an investigation of these relationships through the lens of the intersectionality perspective is lacking. Future research should explore the relationship between minority stress and parenting dimensions in diverse ethnic groups of LG individuals, as they represent multiple marginalized populations living with multiple types minority stress (e.g., Balsam, Molina, Beadnell, Simoni, & Walters, 2011). An additional limitation is represented by the use of two single-item measures to assess the desire and intention to become a parent. Future research should assess these dimensions in a more thorough way. Last, a deeper and more accurate exploration of the effect of the legalization of civil unions on parenting should be carried out. Indeed, we compared different samples through the use of only two single-item measures. A qualitative assessment of the change in parenting dimensions might provide more reliable information.

Social and clinical implications

The results achieved in our study are in line with the minority stress perspective and, thus, have important social and clinical implications. Indeed, the minority stress perspective is a conceptual framework that allows for understanding the negative effects of stigmatizing social context on psychological dimensions (Scandurra, Amodeo, Valerio, Bochicchio, & Frost, 2017; Scandurra, Mezza, Bochicchio, Valerio, & Amodeo, 2017).

Our results shed light on the positive effects that equal and nondiscriminatory policies have on the desire and intention to become parents. Unfortunately, the current Italian law on same-sex couples does not formally allow same-sex couples to adopt children and this implicitly marks a status difference with different-sex couples. According to Hatzenbuehler and Link (2014), it seems possible to us to talk about structural stigma, that is a particular form of stigma that limits opportunities, resources, and well-being of the stigmatized individuals due to cultural norms and discriminating institutional policies. Thus, our findings indicate a need to draft Italian legislation on this matter, as this supportive and affirmative social policy could contribute to reducing prejudice toward LG individuals. In turn, making LG individuals and their needs more visible could mitigate the effects of stigma and increase their well-being and self-recognition.

On another level, our findings shed light also on the importance to be assigned to MSD in clinical settings, especially in those cases where parenthood issues emerge. Indeed, our results suggest that low levels of desire or intention to become mothers or fathers may depend on the action of minority stress. Nevertheless, specific protective factors are able to buffer this relationship. These data should lead clinicians to help clients to alleviate the detrimental effect that minority stress can have on parenting dimensions, reshaping negative emotions and cognitions associated with stigmatizing experiences and developing a self-image freer from stigma and less involved in a social dialectic (Amodeo, Vitelli, Scandurra, Picariello, & Valerio, 2015). At the same time, mental health professionals should pay attention to those aspects linked with perceived emotional support and resilience, strengthening the connectedness to family and friends (Rainone et al., 2017).

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